

For your



Commonwealth of Massachusetts
Group Insurance Commission

Your
Benefits
Connection

BENEFIT

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GROUP INSURANCE COMMISSION

*Providing State and Participating
Community Employees, Retirees,
and Their Dependents with Access
to Quality Care at
Reasonable Costs*

Inside This Issue of FYB:

- ▶ Are X-Rays and CT Scans Safe? Allen Hinkle, M.D., Chief Medical Officer, Tufts Health Plan
.....page two
- ▶ Migraine Headaches: Debilitating But Controllable
.....page three
- ▶ Layoffs and Your GIC Benefits
.....page four
- ▶ 28 Events That Should Never Happen—Your Rights if One Happens to You
.....page six
- ▶ The Choice is Yours with GIC Select & Save Plans; Methodology to Evolve for Quality Measures
.....page seven

MARK YOUR CALENDARS

Annual Enrollment

Monday, April 13-Friday, May 15, 2009

For changes effective July 1, 2009

See your *Benefit Decision Guide*, mailed in April, for any important benefit and rate changes that will become effective July 1. Active employees will receive the Guide at their personnel office. Retirees and survivors will receive the Guide at their homes.

Three of the GIC's Health Plans Rated Top Health Plans in Nation

Three of the GIC's six health plan carriers have been awarded top ten rankings in America's Best Health Plans by *U.S. News & World Report* and The National Committee for Quality Assurance (NCQA). The rankings, published in the November 10, 2008 issue of *U.S. News & World*, are based on more than 100 aspects of preventive care, treatment, customer service, and care for particular conditions such as diabetes. (The UniCare State Indemnity Plans are not commercial products and were not rated by NCQA.)

Top 10 Commercial Health Plans in the Nation:

- #1 - Harvard Pilgrim Health Care - the fourth consecutive year with this top in the nation ranking of member satisfaction and clinical effectiveness
- #2 - Tufts Health Plan and top ranking for preventive care visits for infants and adolescents
- #6 - Health New England and top ranking for customer service

Additionally, two more of the GIC's health plan carriers earned top national rankings for their Medicaid plans:

- #1 - Fallon Community Health Plan
- #2 - Neighborhood Health Plan

Congratulations to our health plans for your well-deserved recognition! The GIC is pleased to offer such highly-regarded plans to our members.

The GIC Welcomes 15 New Municipalities

The following municipalities, school districts, planning commissions, and charter schools will be joining the GIC effective July 1, 2009. **Most of this year's health fairs will be scheduled in or near these municipalities** so that we can assist their employees and retirees with selecting and enrolling in health plan benefits:

Blue Hills Vocational School District
City of Melrose
City of Quincy
City of Pittsfield
Groton-Dunstable Regional School District
Lowell Community Charter School
Pioneer Valley Planning Commission

Town of Norwood
Town of Randolph
Town of Stoneham
Town of Swampscott
Town of Watertown
Town of Wenham
Town of Weston
Town of Weymouth

Are X-Rays and CT Scans Safe?

by Allen Hinkle, M.D., Chief Medical Officer, Tufts Health Plan



Many individuals today know that diagnostic imaging procedures are very expensive (\$500-\$2,500 each), but they wonder if they are safe. The answer lies in understanding the benefits and potential risks of these types of tests. Diagnostic imaging procedures are an extremely valuable tool in the

appropriate diagnosis of illness and disease. However, it is important that individuals also understand the risks associated with certain diagnostic imaging procedures.

The primary risk to individuals undergoing diagnostic imaging procedures is the potential exposure to radiation, which may increase the risk of developing cancer. However, radiation exposure is generally so small that the risk is outweighed by the benefit of having a needed test. The level of radiation exposure depends on a number of factors, including the type of procedure, the size of the body part being examined, and the type of equipment used and its operation.

The measure for absorbed radiation is the millisievert (mSv). It is commonly assumed that the risk for adverse health effects from radiation is relative to the amount of radiation dose absorbed, and that depends on the type and frequency of examinations.

The table in the next column shows a list of diagnostic tests and associated radiation doses. The typical amounts cited for radiation dose are estimates only. The actual dose from a procedure could be 10 times larger or three times smaller than these estimates.

How can you minimize your risk?

As a first step in minimizing your risk, have an open discussion with your physician regarding the risks and benefits associated with the recommended diagnostic imaging procedure. Be sure your physician understands your diagnostic imaging history, such as the other scans you have had and when they occurred, so he or she can develop the most appropriate diagnostic plan for you.

Radiation Dose Comparison

Diagnostic Test	Typical Effective Dose (mSv)	Number of Chest X-Rays (PA film) for Equivalent Effective Dose
Chest X-ray (PA film)	0.02	1
Skull X-ray	0.07	4
CT of the lumbar spine	1.3	65
I.V. urogram	2.5	125
Upper G.I. exam	3.0	150
Barium enema	7.0	350
CT of the head	2.0	100
CT of the abdomen	10.0	500

Radiation Protection, Referral Guidelines for Imaging, European Commission Directorate-General for the Environment, 2000

What does this mean to you?

The bottom line is that X-rays, CT scans, and PET scans *do* involve some potential risk of radiation exposure; however, these procedures can be a valuable diagnostic tool for physicians, and the risk is outweighed by the benefit when used appropriately.

Remember to track your diagnostic imaging tests and share your history with your physician if he or she recommends additional tests. This record of previous tests can be valuable for understanding your medical history and for managing your radiation exposure risk over time. Using an electronic medical record (EMR) or personal health record (PHR) can be helpful in keeping track of your radiation risk.

Diagnostic Imaging Tests with Radiation Exposure

X-rays
CT or CAT (computerized tomography) scans
Nuclear medicine studies
PET (positron emission tomography) scans
Bone density scans
Mammograms

Diagnostic Imaging Tests without Radiation Exposure

MRI (magnetic resonance imaging)
MRA (magnetic resonance angiography)
Ultrasound (or sonogram)



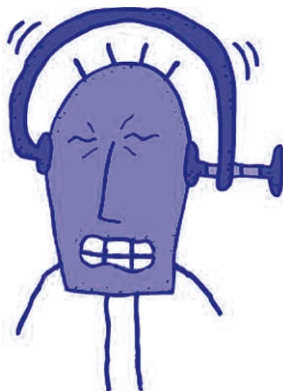
Migraine Headaches: Debilitating But Controllable

Migraine headaches affect over twenty-eight million people annually. Characterized by moderate to severe head pain, with a pulsating or throbbing feeling, nausea with or without vomiting, fatigue, and sensitivity to light and sound, migraines frequently are accompanied by auras – sparkling flashes of light or zigzag lines or blinding spots in your vision. Unlike tension headaches that cause a steady and tightening pain frequently accompanied by tightness in the neck or shoulders, migraines are vascular in origin and are more debilitating according to *Mayo Clinic*. A migraine episode typically lasts six to 48 hours.

Frequently migraines begin in adolescence and are most common between the ages of 15 and 45. Occurring three times more frequently in women, migraines often appear immediately before or during a woman's menstrual period. Lifestyle triggers include allergic reactions, loud noises, physical or mental stress, changes in sleep patterns, smoking or exposure to tobacco smoke, missed meals and alcohol consumption. Certain foods associated with migraines include: chocolate, nuts and nut butter, onions, dairy products, foods containing amino acid tyramine (such as red wine, aged cheese and smoked fish), and foods containing monosodium glutamate (MSG).

The New York Times Health Guide recommends keeping a headache diary to help identify what may be triggering your migraines: when your headache occurred, how severe it was and what were your symptoms, what you've eaten, changes in sleep patterns, and menstrual cycles. Your doctor can help you develop a plan to prevent the attacks and relieve symptoms during the attacks. Prevention therapies

can include hormone therapy for some women whose migraines seem to be linked to their menstrual cycle, stress management strategies, such as exercise, relaxation, discontinuing smoking, avoiding missed meals, getting plenty of sleep and avoiding trigger foods. Your doctor may prescribe therapies that prevent or halt a migraine (e.g. beta-blockers, anti-depressants, anti-convulsants, calcium-channel blockers and serotonin re-uptake inhibitors) and symptomatic medication that treat the symptoms that result from migraines, such as aspirin, acetaminophen, combination analgesics, such as Excedrin or Tylenol Migraine, and NSAIDs (non-steroidal anti-inflammatory drugs).



Although migraine headaches do not represent a significant threat to your health, in rare circumstances migraines may result in a stroke. *The New York Times Health Guide* recommends that patients call their physician immediately for an evaluation if they experience any of the following symptoms:

- ◆ Speech, vision, or balance problems
- ◆ Loss of consciousness
- ◆ More severe headaches when lying down
- ◆ A headache that's severe and starts abruptly
- ◆ Side effects to medications, which can include an irregular heartbeat, changes in skin color, extreme sleepiness, nausea, vomiting, and depression.

For additional information, visit the following websites: The National Institute of Neurological Disorders and Stroke (www.ninds.nih.gov), the American Headache Society (<http://ahsnet.org>), and the National Headache Foundation (www.headaches.org).

GIC's Annual Public Hearing

Wednesday, February 4, 2009
12:30 p.m. – 2:30 p.m.

Minihan Hall, 6th Floor
Charles F. Hurley Building
19 Staniford Street, Boston, MA 02114

All GIC-eligible employees and retirees are welcome to attend our annual public hearing. The GIC will describe prospective benefit changes and attendees are invited to express their views.

Layoffs and Your GIC Benefits

Q&A

For Municipal employee layoff options and other answers to common GIC questions, see the GIC's website at www.mass.gov/gic.

Q) I have been laid off and I have fewer than ten years of full-time service (as determined by the State Retirement Board). Therefore, I am not eligible for a state pension. May I continue my GIC health and life insurance coverage?

A) You may continue your coverage with some limitations on time and/or benefit levels in one of the following ways:

- ◆ 39-Week Layoff Coverage – for health and life insurance (Note: At the end of the 39-weeks, you may elect COBRA health coverage for 9 additional months of health coverage, for the 18 months total health coverage permitted by COBRA.)
 - Benefit: Allows you to keep your health and life plans with the same benefits for 39 weeks.
 - Drawback: You pay 100% of the premium (no Commonwealth contribution).
- ◆ COBRA – for health insurance only (you have 60 days to elect COBRA coverage, but coverage begins the first day of the month after your coverage as an active employee ends. To avoid owing retroactive premiums, send in your application promptly.)
 - Benefit: Allows you to stay in the same health plan with the same benefits.
 - Drawbacks: You pay 100% of the premium plus 2% for administration (no Commonwealth contribution). Maximum coverage period is 18 months.
- ◆ Convert to Non-Group health insurance coverage with your current health plan (contact your plan for the application).
 - Benefit: You may keep coverage indefinitely as long as you pay the premium.
 - Drawback: Benefits are almost always less comprehensive than your GIC plan coverage and costs are higher.
- ◆ Commonwealth Health Connector health coverage for Massachusetts residents (contact the Health Connector for information and enrollment: MAhealthconnector.org; 1-877-623-6765).
 - Benefits: A choice of health insurance options with different benefits and prices. Depending on which plan you choose, your monthly premium with the Health Connector could be lower than other coverage options. Unlike COBRA coverage,

Health Connector coverage does not have a maximum coverage period; you can continue coverage as long as you pay your premiums on time.

- Drawback: Benefits may not be the same as the coverage you had through the GIC. If you enroll in Health Connector coverage, you are waiving your right to elect health insurance under the GIC's COBRA or conversion options.
- ◆ Continue basic life and /or optional life coverage under portability option (form available from life insurance carrier).
 - Benefit: Continue your life insurance at a competitive rate.
 - Drawback: Does not include health insurance.
- ◆ Convert to Non-Group life insurance with current carrier (complete and return the application you receive from the GIC's life insurance carrier).
 - Benefit: Ability to continue life insurance coverage.
 - Drawback: Benefits almost always less than GIC plan coverage and usually more expensive.

Q) I am being laid off after ten or more years of full-time service and am eligible for a state pension (as determined by the State Retirement Board). I am leaving my retirement money in the state's retirement system. May I continue my health and life coverage?

A) Yes. The GIC recommends that you elect Deferred Retirement coverage.

- ◆ If you are getting health coverage elsewhere, the GIC suggests that you, at a minimum, keep life insurance, paying 100% of the premium. At retirement, resume GIC health coverage; the Commonwealth will contribute the prevailing contribution percentage for retirees.
- ◆ If you are not getting health coverage elsewhere, keep basic life and health insurance paying 100% of the premiums until retirement. If you get health coverage elsewhere before retirement, continue at a minimum to keep GIC basic life insurance to ensure your eligibility for GIC health benefits at retirement.

If you decide not to leave your money in the state retirement system, or if it is transferred to a retirement system not eligible for GIC benefits, your benefits as a Deferred

continued on page 5

continued from page 4

Retiree end. You may elect to continue your health and life coverage with some limitations on time and/or benefit levels as listed under the fewer than 10 years of state service outlined on page 4.

Q I am being laid off and have twenty or more years of state service or I am age 55 or over and have ten or more years of state service. How can I continue my health and life coverage with the GIC?

A) If you have twenty or more years of state service (at any age) or ten or more years of state service at age 55 or over, you can retire and become eligible for retiree health and life insurance coverage. See the Retirement section of the GIC's website for additional information.

Should you elect not to retire, the GIC recommends that you elect Deferred Retirement coverage.



The GIC and Fallon Community Health Plan held their annual site visit at the Summit ElderCare Adult Day Center in Worcester. Summit ElderCare is a Program of all-inclusive care for the elderly (PACE), and is sponsored by Fallon. Pictured left to right are Karen Longo, Executive Director of Summit ElderCare, Brennan Holmes, GIC Program Manager, Paul Murphy, GIC Assistant Director of Operations, and Eric Schultz, Chief Executive Officer of Fallon Community Health Plan.

Layoffs and Employee Morale Help is a Call Away

The anticipation of layoffs and the increased workload after the layoffs can cause morale to plummet. If this is true for your department, take advantage of the GIC's Employee Assistance Program (EAP), which is free to state agencies and participating municipalities. The GIC's EAP Coordinator, Sue Cooper, a Licensed Independent Clinical Social Worker for United Behavioral Health, can tailor a program to your department's needs. Other issues that she can help with include:

- ◆ Stress management
- ◆ Disgruntled employees
- ◆ Inappropriate or abusive behavior
- ◆ Hygiene issues
- ◆ Mental illness
- ◆ Potential violence
- ◆ Substance abuse
- ◆ Eating disorders

Critical Incident Debriefings for employees who have witnessed traumatic events are also offered. Contact United Behavioral Health at 1-888-610-9039 or Sue Cooper directly at 781-472-8448 for additional information and to schedule a consultation.



Congratulations to 2008 Tufts Scholarship Winners

Stephanie Sullivan, who is studying speech language pathology at Dusquesne University in Pittsburgh, Pennsylvania and Jeffrey Lenahan, a nursing major at American International College in Springfield were each awarded \$2,500 scholarships by Tufts Health Plan. Stephanie is the daughter of Worcester State Hospital retiree Gerald Sullivan. Jeffrey is the son of Department of Early Education and Care employee Linda Lenahan. In addition to academic achievement and an interest in health care, particularly the allied health field, scholarship applicants were evaluated on their essay describing factors that contribute to unhealthy lifestyles, the implications of obesity and lack of exercise, and potential solutions to encourage adoption of healthy habits. Congratulations Stephanie and Jeffrey!



Jeffrey Lenahan



Stephanie Sullivan

28 Events That Should Never Happen- Your Rights If One Happens to You

You are admitted to the hospital to have an operation on your right knee. However, when you wake up from anesthesia, you discover that the surgeon operated on your left knee. Although this should never happen, unfortunately it can and does (fortunately, not often). This type of event is called a “Never Event” – it should *never* happen. This is one of 28 medical errors that the National Quality Forum (NQF), a non-profit coalition of physicians, hospitals, businesses and policy makers has identified as preventable.

If any of the 28 events listed at the end of this article happen to you, be aware that you have certain rights and the Commonwealth is currently engaged in making sure these rights are protected:

- 1) You have a right to be informed by the provider that a “never event” has happened to you.
- 2) You have the right to see a report prepared by the hospital detailing what happened and how it occurred.

- 3) You and your health plan should not be charged for costs and deductibles related to the event. Nor should you be charged for any necessary remediation.

The GIC is one of the signatories of the Commonwealth’s *HealthyMass* initiative, which is working to develop a uniform non-payment policy across state government for the 28 Serious Reportable Events identified by the NQF. These incidents are generally preventable and present serious concerns for consumers and health care providers. Other participating agencies include the Office of Medicaid (MassHealth), Commonwealth Health Insurance Connector Authority, and the Department of Correction. By focusing attention on preventable errors in the health care system, these agencies are working together to make sure that appropriate changes are implemented so that these mistakes don’t happen. *For more information on these 28 Serious Reportable Events, visit the NQF’s website: www.qualityforum.org.*

28 Serious Reportable Events

- ◆ Surgery performed on the wrong body part
- ◆ Surgery performed on the wrong patient
- ◆ Wrong surgical procedure on a patient
- ◆ Retention of a foreign object in a patient after surgery or other procedure
- ◆ Intraoperative or immediately post-operative death in a normal health patient (defined as a Class 1 patient for purposes of the American Society of Anesthesiologists patient safety initiative)
- ◆ Patient death or serious disability associated with the use of contaminated drugs, devices, or biologics provided by the healthcare facility
- ◆ Patient death or serious disability associated with the use or function of a device in patient care in which the device is used or functions other than as intended
- ◆ Patient death or serious disability associated with intravascular air embolism that occurs while being cared for in a healthcare facility
- ◆ Infant discharged to the wrong person
- ◆ Patient death or serious disability associated with patient elopement (disappearance) for more than four hours
- ◆ Patient suicide, or attempted suicide resulting in serious disability, while being cared for in a healthcare facility
- ◆ Patient death or serious disability associated with a medication error (e.g., error involving the wrong drug, wrong dose, wrong patient, wrong time, wrong rate, wrong preparation, or wrong route of administration)
- ◆ Patient death or serious disability associated with a hemolytic reaction due to the administration of ABO-incompatible blood or blood products
- ◆ Maternal death or serious disability associated with labor or delivery on a low-risk pregnancy while being cared for in a healthcare facility
- ◆ Patient death or serious disability associated with hypoglycemia, the onset of which occurs while the patient is being cared for in a healthcare facility
- ◆ Death or serious disability (kernicterus) associated with failure to identify and treat hyperbilirubinemia in neonates
- ◆ Stage 3 or 4 pressure ulcers acquired after admission to a healthcare facility
- ◆ Patient death or serious disability due to spinal manipulative therapy
- ◆ Patient death or serious disability associated with an electric shock while being cared for in a healthcare facility
- ◆ Any incident in which a line designated for oxygen or other gas to be delivered to a patient contains the wrong gas or is contaminated by toxic substances
- ◆ Patient death or serious disability associated with a burn incurred from any source while being cared for in a healthcare facility
- ◆ Patient death associated with a fall while being cared for in a healthcare facility
- ◆ Patient death or serious disability associated with the use of restraints or bedrails while being cared for in a healthcare facility
- ◆ Any instance of care ordered by or provided by someone impersonating a physician, nurse, pharmacist, or other licensed healthcare provider
- ◆ Abduction of a patient of any age
- ◆ Sexual assault on a patient within or on the grounds of a healthcare facility
- ◆ Death or significant injury of a patient or staff member resulting from a physical assault (i.e., battery) that occurs within or on the grounds of a healthcare facility

The Choice is Yours with GIC Select & Save Plans; Methodology to Evolve for Quality Measures

With the GIC's Select & Save health plans for employees and non-Medicare retirees, members save money by seeing higher performing physicians. Based on a thorough analysis of physician claims, GIC health plans assign physicians to tiers according to how they score on nationally-recognized measures of quality and cost efficiency. Members pay lower co-pays when they visit Tier 1 and Tier 2 physicians:

- ★★★Tier 1 (excellent) – lowest co-pay
- ★★Tier 2 (good) – middle co-pay
- ★Tier 3 (standard) – highest co-pay



The GIC continues to work with physicians in and out of our health plans to refine physician scoring methodology. Some members of the medical community have expressed concerns that more quality measures for certain specialties are needed (due to the fact that some medical specialty societies have not devised enough quality measures), and that patient noncompliance should be factored into the scores. For FY 2010, the GIC will be using an advanced statistical model developed by a leading biostatistician at Johns Hopkins University that increases the probability that the quality scores are an accurate reflection of physician performance. The efficiency scoring methodology will remain unchanged for FY 2010.

Select & Save plans: pay lower office visit co-pays when you see higher performing physicians. *Select & Save benefits do not apply to any of the GIC's Medicare plans.*

Oral arguments for and against the GIC's motion to dismiss the Massachusetts Medical Society's complaint about the CPI Initiative tiering methodology took place in Suffolk Superior Court in mid-December.

GIC BENEFIT ACCESS Health Insurance

Fallon Community Health Plan Direct Care, Select Care, Senior Plan	1-866-344-4442 www.fchp.org
Harvard Pilgrim Health Care Independence Plan Medicare Enhance	1-800-333-4742 www.harvardpilgrim.org/gic www.harvardpilgrim.org
Health New England HMO, MedPlus	1-800-310-2835 www.hne.com
NHP Care <i>Neighborhood Health Plan</i>	1-800-462-5449 www.nhp.org
Navigator by Tufts Health Plan Mental Health/Substance Abuse and EAP (<i>United Behavioral Health</i>)	1-800-870-9488 www.tuftshealthplan.com/gic 1-888-610-9039 www.liveandworkwell.com (access code: 10910)
Tufts Health Plan Medicare Complement Medicare Preferred	1-888-333-0880 www.tuftshealthplan.com
UniCare State Indemnity Plan/ Basic, Community Choice, Medicare Extension (OME), and PLUS Prescription Drugs (<i>Express Scripts</i>)	1-800-442-9300 http://www.unicarestatesplan.com/ 1-877-828-9744 www.express-scripts.com
Mental Health/Substance Abuse and EAP (<i>United Behavioral Health</i>)	1-888-610-9039 www.liveandworkwell.com (access code: 10910)

Other Benefits for State Enrollees



Life Insurance and AD&D (<i>The Hartford</i>)	Call the GIC 1-617-727-2310, ext. 1 www.mass.gov/gic
Long Term Disability (LTD) (<i>Unum</i>)	1-877-226-8620 www.mass.gov/gic
Employee Assistance Program (EAP) for Managers and Supervisors (<i>United Behavioral Health</i>)	1-888-610-9039 www.liveandworkwell.com (access code: 10910)
Health Care Spending Account (HCSA) and Dependent Care Assistance Program (DCAP) (<i>SHPS</i>)	1-866-862-2422 www.mass.gov/gic
GIC Retiree Vision Discount Plan (<i>Davis Vision</i>)	1-800-783-3594 www.davisvision.com
GIC Retiree Dental Plan (<i>MetLife</i>)	1-866-292-9990 www.metlife.com/gic
Dental Benefits for Managers, Legislators, Legislative staff and Executive Office staff (<i>MetLife</i>)	1-866-292-9990 www.metlife.com/gic
Vision Benefits for Managers, Legislators, Legislative staff and Executive Office staff (<i>Davis Vision</i>)	1-800-650-2466 www.davisvision.com

Other Resources

Massachusetts Teachers' Retirement System	1-617-679-6877 (Eastern MA) 1-413-784-1711 (Western MA)
Medicare (<i>Federal Program</i>)	1-800-633-4227 www.medicare.gov
Social Security Administration (<i>Federal Program</i>)	1-800-772-1213 www.ssa.gov
State Board of Retirement	1-617-367-7770 www.mass.gov/treasury/srb.htm

Other Questions

Group Insurance Commission TDD/TTY Access (website hospital research password: quality)	1-617-727-2310 1-617-227-8583 www.mass.gov/gic
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Dolores L. Mitchell, Executive Director
Cynthia McGrath, Editor

State Employee and Retiree Benefit Statements Mailed in Late January

State employees and retirees will be mailed a personalized annual benefit statement at the end of January. This statement gives an overview of your health, life, and other benefits and who is covered under your plan(s). Review the statement carefully to see if there are any errors. **Be sure to check the status of your covered dependents and who is listed as your life insurance beneficiary.** Forms and instructions to make changes will be enclosed with the mailing. In cooperation with the State Board of Retirement, the GIC is again sending active employees their State Board of Retirement beneficiary information. In the event that you die while still in active state service and before your retirement, this beneficiary (as distinguished from your GIC life insurance beneficiary) receives certain pension benefits as well as payment of any unused vacation and sick time owed.



If everything is correct on the benefit statement, you do not need to do anything. File your statement with your important papers; it's the only statement you will receive in 2009.

inside...

- Layoff Options and Your GIC Benefits
- 28 Events That Should Never Happen To You
- Are X-Rays and CT Scans Safe?

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COMMONWEALTH OF MASSACHUSETTS
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